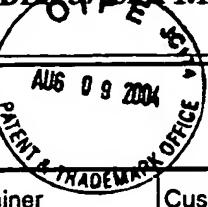
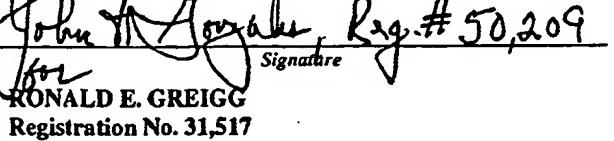


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)				Docket No. R.35646	
In Re Application Of: Detlef Lauk et al.					
Application No. 09/743,960	Filing Date May 11, 2001	Examiner Neil Abrams	Customer No. 02119		Group Art Unit 2839
Invention: INTERCHANGEABLE ADAPTER FOR ELECTRIC MOTOR-AND-GEAR ASSEMBLY					
<i>Fee Only</i>					
<u>COMMISSIONER FOR PATENTS:</u>					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>April 8, 2004</u> above-identified application.					
The requested extension is as follows (check time period desired):					
<input checked="" type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months					
from: <u>July 8, 2004</u> <i>Date</i>			until: <u>August 8, 2004</u> <i>Date</i>		
The fee for the extension of time is <u>\$110</u> and is to be paid as follows:					
<input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>07-2100</u> <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. <u>07-2100</u>					
 John H. Gonzales, Reg. # 50,209 <i>Signature</i> RONALD E. GREIGG Registration No. 31,517					
Dated: 09 AUGUST 2004					
<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on <u>09 AUGUST 2004</u> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div>					
<div style="border: 1px solid black; padding: 5px;"> <i>Signature of Person Mailing Correspondence</i> </div>					
<div style="border: 1px solid black; padding: 5px;"> <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>					

cc: Telephone: (703) 838-5500
Facsimile: (703) 838-5554

I certify that this document and fee is being deposited on [redacted] with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

9/743960

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	*
INDEPENDENT CLAIMS		minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 7	Minus	** 80	=
Independent	* 1	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR TOTAL	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 7	Minus	**	=
Independent	* 1	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 7	Minus	**	=
Independent	* 1	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.